12508

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) (Last) Bailey			4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1951		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1892	9. AGE last birthday 59 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster man	10b. KIND OF BUSINESS OR INDUSTRY Water		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Bailey			14. MOTHER'S MAIDEN NAME Lena Nickerson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 221-18-6333		17. INFORMANT AND ADDRESS Mary Alice Bailey-Stevensville		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of rectum	about 1 year
154x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastases in liver and	6 months
46d	(c) stomach	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1951.	19b. MAJOR FINDINGS OF OPERATION Miles Resection, colostomy	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1951, to Dec. 26th, 1951, that I last saw the deceased alive on Dec. 25, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Theodor Sattelmaier	M.D.	Stevensville	Dec. 27. 1951.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Dec. 30	NAME OF CEMETERY OR CREMATORY Beck Neck	LOCATION (City, town, or county) (State) Stevensville, Md.
DATE REC'D BY LOCAL REG. Dec. 30, 1951	REGISTRAR'S SIGNATURE Elizabeth Hopkins	24. FUNERAL DIRECTOR Edgar L. Lane	ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

90126

RECEIVED
JAN 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12509

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH — COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville — LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CLAYTON THOMPSON CANN
4. DATE OF DEATH (Month) (Day) (Year): 12 - 15 - 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 11-1867
9. AGE last birthday: 84 yrs. — If under 1 year: Months 4, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocery
11. BIRTHPLACE (State or foreign country): Near Glasgow Del
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Alibone Cann
14. MOTHER'S MAIDEN NAME: Olivia Biddle Boulden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT AND ADDRESS: Mrs Lillie Shockey Cann

18. MEDICAL CERTIFICATION — Centreville, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Paralysis — 8 mos

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis

83d (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Observed 11-10, 1951, to 12/15, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: M.D. Centreville Md — DATE SIGNED: 12/15/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/17/51 — NAME OF CEMETERY OR CREMATORY: Odd Fellows — LOCATION (City, town, or county): St. George — (State): Del

DATE REC'D BY LOCAL REG.: 12-15-51 — REGISTRAR'S SIGNATURE: Elsie Armstrong — 24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville, Md

290-636

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1952
BUREAU V. S.

12510

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Church Hill
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm (Middle) Edwin (Last) Cole

4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: Oct 14-1889

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Napoleon Cole

14. MOTHER'S MAIDEN NAME: Emma Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Emma Cole - Wife (Church Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Suddenly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) He was dead when I arrived at

(c) home.

420 / 944a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from no —, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12½ P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W. Harvey Fisher M.D. | Centreville Md | 12/18-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-19 | NAME OF CEMETERY OR CREMATORY Crumpton | LOCATION (City, town, or county) Crumpton (State) Md.

DATE REC'D BY LOCAL REG. 12-18 | REGISTRAR'S SIGNATURE Edgar L Lane | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill

150 105

RECEIVED
JAN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 12517

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Angie (Middle) Estella (Last) Gary

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1951

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 23 1948

9. AGE last birthday: 3 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Gary

14. MOTHER'S MAIDEN NAME: Angie Dickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ernest Gary - Ingleside Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Perforated Gastric Ulcer — Interval Between Onset and Death: 30 hours

540.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

117a

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20/51, 19..., to ..., 19..., that I last saw the deceased alive on 12/20/51 19..., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE: W. H. Hamilton (Degree or title) M.D. ADDRESS: Millington Md DATE SIGNED: 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Dec. 24 | NAME OF CEMETERY OR CREMATORY: Millington | LOCATION (City, town, or county) (State): Millington Md.

DATE REC'D BY LOCAL REG. Dec. 22 | REGISTRAR'S SIGNATURE: Edgar L. Lord | 24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane - Church Hill Md.

VS-A15

RECEIVED
JAN 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12512

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queene Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burrsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) (Last) Gibbs

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1951

5. SEX: Fem.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 24-1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Blake

14. MOTHER'S MAIDEN NAME: Annie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: John Gibbs-Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Suddenly

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21-, 1951, to 12/27-, 1951, that I last saw the deceased alive on ~~12-30~~, 19....., and that death occurred at 12-30 P.m., from the causes and on the date stated above.

SIGNATURE: W. Harvey Fisher (Degree or title) M.D. ADDRESS: Centreville Md DATE SIGNED: 12/30/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec. 30 | NAME OF CEMETERY OR CREMATORY: Burrsville | LOCATION (City, town, or county) (State): Burrsville, Maryland

DATE REC'D BY LOCAL REG. 12-30 | REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

RECEIVED
JAN 16 1952
BUREAU V. S.

12513

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queenanne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stevensville, Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Queenanne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location) Stevensville

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Louise (Last) Hoaney
4. DATE OF DEATH (Month) (Day) (Year) Dec 20 1951

5. SEX female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Jan 10
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Stevensville, Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Daniel Harris
14. MOTHER'S MAIDEN NAME Hester Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Dortha Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis + embolia	Dec. 20. 1951.
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) hypertensive cardio-renal disease	about one year.
13/a	(c) Arteriosclerosis	several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept. 1951.
19b. MAJOR FINDINGS OF OPERATION enucleation of right eye (due to Glaucoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 1., 1951., to Dec. 20, 1951., that I last saw the deceased alive on Dec. 19, 1951., and that death occurred at 8 35 A. m., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED December 21. 1951.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 23
NAME OF CEMETERY OR CREMATORY Wesley Cemetery
LOCATION (City, town, or county) (State) Stevensville, Md

DATE REC'D BY LOCAL REG. Dec 23. 51
REGISTRAR'S SIGNATURE Elizabeth Hoster
24. FUNERAL DIRECTOR Lewis H Bayneum ADDRESS Cambridge Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12514

CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; LENGTH OF STAY (in this place) 66yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Clinton	Jones	Dec.	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M.	W.	Married	Jan. 26, 1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector, Tidewater Fisheries	Inspector	Stevensville, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Edward Jones	Sarah Elizabeth Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Wife — Stevensville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure —

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

95c (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Never attended patient., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. Wm. Martin, Jr.	M.D.	Queenstown, Md.	12/15/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 17	Stevensville	Stevensville	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 17-51	Elizabeth Hayter	Edgar L. Lane	Church Hill, Md.

210-126

RECEIVED
DEC 20 1951
BUREAU V. S.